

Private Citizen Nixon Picks

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LONG BEACH, Calif., Nov. 1—When Richard M. Nixon was President he had the leading medical experts at his beck and call. The White House physician has a file of the top specialists in the country to be called for any medical eventuality.

When then-President Nixon was hospitalized with pneumonia 16 months ago, for example, one of the nation's leading experts in pulmonary disorders, Dr. Saul Katz of Georgetown University, was called in to assist White House physicians.

Now, as Private Citizen Nixon, he is on his own—like most Americans—in selecting a doctor.

The men he has selected are among the leaders of the medical community of this suburban Los Angeles area. They all hold faculty appointments at the medical school at the University of California at Los Angeles, but they are not primarily teachers, medical scholars or the top medical specialists in the nation. They are mainly private practitioners of medicine, with offices around the Long Beach Memorial Center—a community hospital with a more extensive medical library and more sophisticated equipment than most hospitals of its type.

As unpaid clinical professors at UCLA, they are used to help train medical students, interns and residents undergoing post-graduate studies in how medicine is actually practiced in the real world—not as it is practiced in the rarified atmosphere of the teaching hospital at a university medical center.

Mr. Nixon's doctors are busy men. They have many other patients besides, the former President to care for in the hospital here.

Mr. Nixon's chief physician, Dr. John C. Lungren, 58, has known the former President since 1952, when a mutual friend introduced the two. Lungren became

the traveling physician during Mr. Nixon's 1952 vice presidential campaign and continued to watch over Mr. Nixon's health until he was elected President in 1968. Lungren was also the campaign physician for Mr. Nixon's 1956 vice presidential campaign and the 1960 and 1968 presidential campaigns.

Lungren, in fact, gave Mr. Nixon his last medical check-up just a few weeks before his inauguration as President at the same hospital here where Mr. Nixon is now lying in critical condition in the intensive care unit.

Lungren is a board-certified specialist in internal medicine with a sub-specialty in cardiology. As such he is in the highest rank of practicing American doctors—the ones who took the trouble to go through the extra study and training needed to become admitted to medical special society.

He is also active in the Long Beach medical community and has served as chief of staff at the Memorial Medical Center.

In his medical bulletins and press conferences, Lungren sometimes has trouble clearly expressing Mr. Nixon's

condition. This has led to confusion, such as when he first described the clot that entered Mr. Nixon's lung as "dime-sized" when he meant to say the portion the lung affected by the clot was the size of a dime.

The physician who operated on Mr. Nixon, Dr. Eldon Hickman, is a board-certified surgeon whose prime specialty is general surgery, but who lists as a secondary specialty "cardiovascular diseases"—operations needed to correct abnormalities such as the life-threaten-

ing blood clots in Mr. Nixon's left leg.

Hickman, a clinical member of the UCLA medical faculty, has not hesitated to call in the top surgical specialists there as consultants when he has run into medical problems.

Before operating on Mr. Nixon last Tuesday, for example, Hickman called in Dr. Wiley Barker, a full-time professor of surgery at UCLA and a pioneer in techniques of intestinal surgery. Barker is considered one of the leading surgical specialists in the United States.

Barker, however, never publicly stated that he approved of surgery on Mr. Nixon, and soon after the consultation he took off for Hawaii.

In Barker's absence, Hickman yesterday called in another well respected UCLA professor of surgery, Dr. Donald Mulder, as a consultant on the "losing" of blood in Mr. Nixon's abdomen. The doctors announced Friday night that Mulder agreed with their method of treatment.

Hickman lists himself as a surgeon specializing in operations on the heart and blood vessels. But he is not a member of the two leading societies of specialists in those types of operations—the Society of Vascular Surgery and the International Cardiovascular Society.

The team led by Hickman placed a clip on the iliac vein carrying blood from Mr. Nixon's left leg into his lower body. The aim was to block clots forming in the legs from traveling up into the body, where they could reach the lungs and prove fatal.

Several doctors said the usual procedure would have been to place the clip

higher up, on the inferior vena cava, which carries blood from the iliac veins of both legs to the heart.

Among other things, that would have had the effect of also blocking any clot that might form in the right leg — where so far none has developed—from traveling upward as well. But since placing the clip holds down the blood flow and may cause lasting swelling in the limbs beneath it, it would also mean Mr. Nixon might wind up with two uncomfortable legs instead of one.

"The controversy, if any, is in the placement of the clip," says Dr. S. William Blaisdell, professor of surgery at the University of California School of Medicine at San Francisco, and chief of surgery at San Francisco General Hospital.

"The usual operation would have been to place the clip on the inferior vena cava," Blaisdell said, referring to a large vein located in the stomach area of the pelvis. "Placing the clip in the iliac seems like an attempt to practice conservative medicine. This can cre-

ate as many problems as it solves. For example, there might be a problem now if Mr. Nixon threw a clot in his right leg," whose passage would not be blocked by the clip on the iliac. Blaisdell cautioned, however, that "It is hard to second-guess the doctors who actually see the patient."

Doctors around the country have taken particular interest in Mr. Nixon's surgery. Most of those who have severe criticism of it decline to be quoted by name. However, a number of them found the operation unusual. For example, Dr. Julius Jacobson of Mt. Sinai Hospital in New York said, "I've never heard of this before."

Dr. Francis Robicsek, chief of thoracic and cardiovascular medicine at the Charlotte Memorial Hospital in North Carolina, said, "I can't recall when the iliac was tied. It is a very uncommon operation. However, there may have been good reasons for this procedure, of which I am not aware."

"The operation which was done was considered unor-

thodox but acceptable," said Dr. Philip Sawyer, professor of surgery at the Downstate Medical Center in Brooklyn. "It's not fair to criticize the medical profession without knowing if the former President followed all of his doctor's advice when it was first given."

Dr. John Keshishian, a Washington surgeon, put it more strongly. "Nobody does that operation anymore," he said. "It has long been abandoned. I was amazed that it was performed."

Dr. Hickman has refused to discuss the reason for choosing this operation. But he was quoted in The Chicago Tribune as saying, "Our decision was based on medical considerations, venographs and other diagnostic procedures."

Some doctors made the point that special presidential care may not always be better for the patient than that of an ordinary citizen.

Dr. Blaisdell in San Francisco said "It's probably not in Mr. Nixon's best interest to have too many cooks involved with the pot. Some

presidents of the United States have had lousy medical care because decisions were made by committees of doctors, rather than by one physician attending him all the time."

Blaisdell did not mention the names of any modern President, but gave the example of President James Garfield, who, he said, died because "after he had been shot in a railroad car 50 doctors examined him. If one doctor had taken action he would have lived."

Dr. Jacobson in New York said, "I sometimes wonder if a prominent person wouldn't be better treated if he were a regular ward patient," rather than someone who is constantly examined by and theorized over by experts.

Dr. Sawyer added, however, that Mr. Nixon seems to be "experiencing all the worst possible consequences of his operation. These consequences are those due to stress and all the problems he has been through. After all, he did lose the presidency. It is a tragic situation."